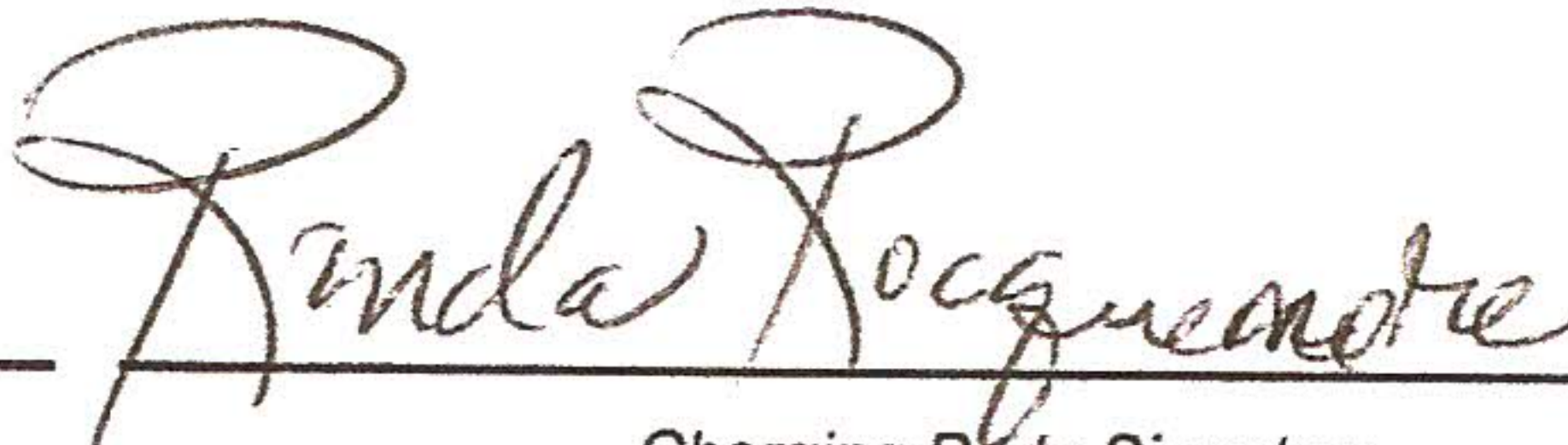


EEOC Form 5 (11/09)

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|--|--|---|--|
| <b>CHARGE OF DISCRIMINATION</b><br>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.   |  | Charge Presented To:      Agency(ies) Charge No(s):<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div style="margin-top: 10px;"> <input type="checkbox"/> FEPA<br/> <input checked="" type="checkbox"/> EEOC         </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 150px;"> <b>440-2014-01446</b> </div> </div> |  |
| <b>Illinois Department Of Human Rights</b><br><i>State or local Agency, if any</i>   |  |   |  |
| Name (indicate Mr., Ms., Mrs.)<br><b>Ronda L. Rocquemore</b>   |  | Home Phone (Incl. Area Code)<br><b>(312) 823-9624</b>   | Date of Birth<br><b>08-21-1969</b>                     |
| Street Address<br><b>2741 W. Monroe, Chicago, IL 60612</b>   |  | City, State and ZIP Code  |  |
| Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)   |  |   |  |
| Name<br><b>CITY COLLEGES OF CHICAGO</b>  |  | No. Employees, Members<br><b>500 or More</b>  | Phone No. (Include Area Code)<br><b>(773) 777-7900</b> |
| Street Address<br><b>Wilbur Wright, 4300 N. Narragansett Ave., Chicago, IL 60634</b>   |  | City, State and ZIP Code  |  |
| Name   |  | No. Employees, Members  | Phone No. (Include Area Code)                          |
| Street Address   |  | City, State and ZIP Code  |  |
| DISCRIMINATION BASED ON (Check appropriate box(es).)<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> RACE    <input type="checkbox"/> COLOR    <input checked="" type="checkbox"/> SEX    <input type="checkbox"/> RELIGION    <input type="checkbox"/> NATIONAL ORIGIN<br/> <input type="checkbox"/> RETALIATION    <input checked="" type="checkbox"/> AGE    <input type="checkbox"/> DISABILITY    <input type="checkbox"/> GENETIC INFORMATION<br/> <input type="checkbox"/> OTHER (Specify)         </div> <div style="width: 45%;">           DATE(S) DISCRIMINATION TOOK PLACE<br/>           Earliest      Latest<br/> <div style="text-align: right; margin-top: 10px;"><b>04-15-2013</b></div> <input type="checkbox"/> CONTINUING ACTION         </div> </div> |  |   |  |
| THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):<br><b>I began employment with Respondent on or about December 5, 2005 and my most recent job classification was Financial Aid Director. I was discharged on or about April 15, 2013.</b><br><br><b>I believe I have been discriminated against because of my sex, female, in violation of Title VII of the Civil Rights Act of 1964, as amended. I believe I have been discriminated against because of my age, 44, (DOB: August 21, 1969), in violation of the Age Discrimination in Employment Act of 1967, as amended.</b>  |  |   |  |
| I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.  |  | NOTARY – When necessary for State and Local Agency Requirements   |  |
| I declare under penalty of perjury that the above is true and correct.   |  | I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.<br>SIGNATURE OF COMPLAINANT<br><br><br>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE<br>(month, day, year)   |  |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>Dec 17, 2013</b><br/> <hr/> <i>Date</i> </div> <div style="text-align: center;"> <br/> <hr/> <i>Charging Party Signature</i> </div> </div>   |  |   |  |